

## BENEFACTOR PLEDGE FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone (not required) \_\_\_\_\_

Email address \_\_\_\_\_

Pledge Amount for Calendar Year ending 12/31/2008

- Diamond Angel - \$5,000 or more
- Emerald Angel - \$3,000 – \$4,999
- Gold Angel - \$1,000 – 2,999
- Sapphire Angel - \$500 - \$999
- Silver Angel - \$1 - \$499

Method of remittance

- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other